

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2	1					
3	1					
4		3				
5		3				
6		3				
7	1					
8	1					
9	1					
10		3				
11		3				
12	1					
13		1				
14		1				
15		3				
16	1					
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50						
TOTAL IND.	12					
TOTAL DEP.	25					
TOTAL CLAIMS	37					

	IND	DEP	IND	DEP	IND	DEP
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TOTAL CLAIMS						